

# Your Seattle Fire Department

**Level II**  
--Revised 1/2005--



## APPLICATION FOR PERMIT

☐ Flat Fee: \$ \_\_\_\_\_ Code: \_\_\_\_\_ Title: \_\_\_\_\_  
☐ Worksheet Fee: \$ **152.00\***

TO BE COMPLETED BY PERMIT APPLICANT (PLEASE PRINT):

FIRM NAME:		
BILLING ADDRESS:		SUITE:
CITY:	STATE:	ZIP:
OPERATION ADDRESS:		
CONTACT PERSON:		PHONE NUMBER: (     )
<b>Reason for submitting this application at this time (check one):</b> <input type="checkbox"/> New Operation Address <input type="checkbox"/> New Construction <input type="checkbox"/> Previous Permit Expired at this Operation <input type="checkbox"/> New Process/Installation <input type="checkbox"/> Other Reason: _____		

**Please include a check made payable to the CITY OF SEATTLE with this application.**

Permit applications may be submitted in person weekdays from 8:00 a.m. to 4:30 p.m., or mailed to:

Seattle Fire Department  
 Fire Marshal's Office—Permits  
 220 Third Avenue South, Second Floor  
 Seattle, WA 98104-2608

Permit processing: (206) 386-1025  
[www.seattle.gov/fire](http://www.seattle.gov/fire)

**\*NOTE:** Worksheet permit fees will be calculated based on the quantity and type of material handled or stored at the facility. The minimum permit fee is **\$152.00**. After evaluation of an inventory, if your permit fee is calculated to be greater than \$152.00, you will be invoiced for the balance of the fee. If you have any questions regarding this application, please call the Permit Desk at 386-1025.

TO BE COMPLETED BY FMO INSPECTOR:

Approved by: _____	SFD ID # _____	Date: _____	Station #: _____
<input type="checkbox"/> Cancel with full refund <input type="checkbox"/> Cancel, no refund            Initials: _____			

FMO OFFICE USE ONLY:

Date Received:	Receipt No.:	Check No.:
Expiration Date:	Application ID#	
<input type="checkbox"/> Cancel with full refund <input type="checkbox"/> Cancel, no refund <input type="checkbox"/> Moved <input type="checkbox"/> No Longer Needs <input type="checkbox"/> Out of Business		